

MEDICAL SOCIAL SERVICE

PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

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1. Purpose of Medical Social Work

The broad concept of medical care have never been limited to treatment of physical illness, but has combined treatment for illness with treatment of unfavorable social factors. It is recognized that the influence of environmental and emotional conditions upon illness frequently determines effectiveness of medical care. Medical social service is one of the methods now utilized so that proper consideration is given to the family, social and economic situation of the client. Consideration of his illness is not limited to the organic illness itself, or to the patient. Consideration must also be given to the family situation and general condition in the community.

The primary concern of medical social work is with the social and financial problems related to illness. Such factors as poor home conditions, diet and worry may contribute to the patient's illness and retard or prevent normal recovery. In many cases the greatest need of the individual is for information and advice concerning welfare and other agencies in the community which can be of assistance to him in solving his health problems. It is obvious that many an individual is not aware of the existence of programs which are operating to aid him and members of his family. In times of illness the individual, in addition to medical treatment, may need assistance concerning environmental factors. While there has been growing recognition of the influence of environmental and emotional conditions upon illness, the process of medical care has become more complicated, which makes it difficult for the sick person and members of his family to understand and to cooperate in the treatment prescribed. Medical social work has developed as one means of helping to solve these problems in the total medical care program.

Medical social work exists because it is recognized that medical treatment by itself is frequently not a complete solution to the medical problem presented. It is being increasingly recognized that medical treatment is only one part of the entire rehabilitation program. Medical treatment must be regarded as one aspect of a total program to make it possible for the individual to be rehabilitated. An example is industrial accidents. A worker may lose an arm or leg in an accident and receive proper medical care. This medical care, however, must be regarded as only one part of the total process of his rehabilitation. In addition to proper amputation the worker may need appliances and vocational training which will enable him to again become a useful worker and able to support his family.

2. Development of Medical Social Service

a. In the United States

Medical social work in the United States began under the sponsorship of physicians and other persons who recognized that adequate medical care included the social as well as health needs of ill persons. The first such work began in 1905 in the Massachusetts General Hospital. Since that time there has been a gradual development of medical social service departments in all types of hospitals. Although medical social service first began in hospitals, its usefulness as a part of the total medical care programs was generally recognized and gradually medical social workers became a part of non-institutional health programs. Especially during the past fifteen years there has been an increasing use of medical social service in public health programs other than hospitals. Public health and public welfare programs have developed independently and although administered by separate governmental organizations it is recognized that there are many mutual problems. Through the use of medical social service as part of the welfare organization and as a part of the public health agency it has been possible for programs to operate more effectively.

b. In Japan

Medical Social service has never been developed to any appreciable extent in Japan. There are only a few hospitals, such as Izumibashi Charity Hospital, Tokyo City Sanatorium and Zensei Hospital (Leprosy) which have provided "personnel consultation services" to patients and their families. These services include friendly advice or home visits, talking problems over with patients, and making discharge arrangements, such services are now provided by untrained volunteers or clerks. The Saisei-kai Hospital in Tokyo established a "social department" which, besides giving consultation services, operates a day nursery for children of patients or their attendants. Formerly, the workers at this hospital were the persons who received training at the training institute conducted by the Central Social Work Association (now the Japan Social Work Association). The person in charge of the department at present is experienced in welfare work in a medical setting.

The medical social service department of St. Luke's Hospital in Tokyo was influenced by western standards. Although the department was established by a Japanese worker who had received social work training in the United States, it was developed by an American worker. Several of the medical social workers on the staff did graduate study in social work in the United States and therefore became familiar with the programs developed there. Special effort was made to develop social case work methods. The social service department cooperates with St. Luke's College of Nursing in giving the students lectures on social aspects of nursing and providing field work training in that department. Following the end of the war there has been a considerable decrease in the medical social service work of the hospital because of the lack of competent workers. There is, however, a separate medical social service department in the hospital and it is planned that their work be strengthened and developed in the future.

The following statement concerning medical social service in Japan is quoted from Social Work in Japan published in 1928, by the Japan Red Cross:

"As for the social work within the hospitals, it is as yet in a very primitive stage of development. These are only two of three hospitals which have social service departments. One of them is the Izumibashi Charity Hospital in the city of Tokyo, which was established with the gift of about two million yen from the Mitsui family. In 1919, the ladies society, which takes an active interest in the management of the hospital established a section for social work. Then the St. Luke's International Hospital in Tokyo established a similar department, and in 1925 the Tokyo Tuberculosis Sanatorium, and in the following year the Saisei Kai Hospital followed the example. These latter hospitals were stimulated by the successful results of the first attempt at the Izumibashi Hospital; but so far no significant development has been made, although there are many possibilities of progress along this kind of social work."

3. Responsibilities of Workers

The medical social worker's responsibility as part of the medical care program includes the following. The duties and responsibilities which may be assigned to the medical social worker in the health center are set forth in the suggested job description. (See Inclosure 1).

a. To help the patient and his family to understand medical and social difficulties and reasons for them.

In many cases the patient does not understand the cause or nature of his illness. He and members of his family do not understand the necessity for following the program of treatment established by the doctor. For example, in the treatment of tuberculosis and venereal disease, it is frequently necessary to explain to the patient and to members of his family the causes of the disease, how it is communicated, and the need for lengthy care in order for treatment to be effective. The medical social worker through interviews with the patient and members of his family provides them with needed information concerning the medical problem and the treatment prescribed.

b. To secure an understanding of the patient and his situation which is useful to the physician and to others concerned with his medical care.

The doctor frequently finds it necessary to secure information concerning the patient's work and home conditions in order to make a correct diagnosis and prescribe proper treatment. The medical social worker can be of assistance to the doctor and save his time by understanding what type of information will be useful and securing it from the patient.

c. To enable the patient to make good use of the resources available in the community.

Before becoming ill many persons do not know of the health and welfare services which are available to help them. It is the responsibility of the

medical social worker to have a thorough knowledge of the community's resources, to understand what the prescribed course of treatment requires and to help the patient secure the assistance which he needs.

d. To help plan and carry through a program of medical care treatment established by the doctor.

It is frequently impossible for the patient to follow, without help, the plan of treatment prescribed by the doctor. For example, the doctor may prescribe complete rest for the head of the family, but the patient considers this impossible since he has a family for which he must work and provide support. He needs additional help if the doctor's plan of treatment is to be carried out. In other cases isolation of the sick member of the family is prescribed because of danger of contagion. Since homes of many poor families are overcrowded, such isolation is frequently difficult or almost impossible.

e. Liaison.

An additional and important responsibility of the medical social worker is to interpret to welfare agencies the services which are offered by health centers and other medical facilities. In many cases the staff of welfare agencies do not understand the service provided by medical agencies. It is necessary, therefore, for some member of the staff of the health center and other medical and public health agencies to assume responsibility for providing information to welfare agencies. In other words, the medical social workers on the staff of the medical agency maintains liaison between the medical agency and welfare organizations. Medical social workers must understand the work done by the welfare agencies so that their programs can be explained to the patients and to members of the health center staff. It is also necessary for medical social workers to understand the work done by the health center so that accurate information can be provided to welfare agencies. Medical social workers should also have a part in the development of procedures for referring persons from welfare agencies to the health centers and vice versa. In many cases the effectiveness of the health program is restricted because of the complicated procedure of referrals. Although services are theoretically available, ill persons do not receive them. It is only through complete understanding between the health and welfare agencies that it is possible to secure for eligible persons maximum benefits of the health and welfare programs available. The job of the medical social worker in the health center, therefore, has two main aspects: to assist individual patients - to advise and counsel; and to work with welfare groups in the community to bring about better understanding of the work done by the medical agency.

It is not sufficient to merely establish such facilities as hospitals and health centers and assume that the persons needing services will find the center of their own accord. A person who is not ill usually pays little attention to the clinics and hospitals available in the community for he

usually assumes that he will not become ill. When he does become ill, he is, therefore, at a loss as to what to do. Services of the health center must be brought to the attention of the persons who need them.

4. Medical Social Service in Hospitals.

a. Nature of Services Needed.

Although the main purpose of this bulletin is to set forth the nature of the responsibilities of medical social workers in health centers it is also true that similar programs are needed in many hospitals and other medical facilities. In most cases the duties which would be performed by a medical social worker in a hospital are now being carried on by the members of the hospital staff, but because of the lack of specialization the maximum use of existing health and welfare services is not secured. There has been some consideration given to the advisability of establishing medical social service in all large hospitals in Japan. Many doctors in Japan have indicated an appreciation of the need of medical social service and have urged that such programs be established in their hospitals. To date little has been done in this field. This situation is primarily due to the lack of competent personnel and a limited understanding of the kind of services needed. It will undoubtedly be found advisable to create in hospitals medical social service which will be fundamentally the same service which is now being established in health centers.

b. Extent of Duties.

Medical social workers in both hospital and health centers aim to secure the best results from medical care provided through the adjustment of social problems related to sickness and health. The duties of the hospital medical social worker usually includes those responsibilities set forth in the previous section. In the hospitals, however, the medical social worker places greater emphasis on the analysis and adjustment of individual problems (social case work). Responsibilities of the medical social worker in a hospital could include: (1) making arrangements for admissions and discharge; (2) providing information concerning social welfare programs to the staff of the hospital as well as to student nurses and medical students; (3) making fee adjustments for persons not able to pay for the full cost of medical care but not eligible for aid under the Daily Life Security Law; and (4) making referrals to welfare agencies. Since some of these services are now provided in some hospitals by administrative personnel, medical social service would not be an entirely new program. By creating a medical social service department, however, it will be possible for the hospital to be assured that more positive results are secured from the totality of care provided.

5. Methods of Work in Health Centers.

a. Payment of Health Services.

Many persons needing services of the health center or other medical agencies are frequently unable to pay for the medical care needed for themselves

and members of their family. Because of their inability to pay, many persons go without medical (and dental) care which is needed. It is frequently assumed that the charging of small fees does not prevent persons from securing needed care but in actual practice a small fee becomes a large amount of money for the person who has no money. The medical social worker can be of assistance in determining a policy establishing the amount of fees and in the application of policies to determine when fees should not be charged. Help is also needed in securing for the patient necessary drugs and medicines prescribed by the doctor. The doctor may prescribe the best drugs possible for a particular patient but they will not do him any good unless he is able to secure them.

Although the medical social worker will be concerned with the problems of fees and the ability of persons to pay fees, the function of the worker must not be regarded as merely a "fee collector". The business office of the General Affairs section of a health center must not be permitted to shift their responsibilities to the social service worker. With a specialized knowledge of the Daily Life Security Law and the social insurance programs the medical social service worker may be of assistance, however, to the patients and the center in securing payment for needed medical treatment.

b. Community Resources.

Medical social workers should know the welfare agencies in the immediate community which the center serves. A knowledge of other services available in the city, prefecture and nation is also needed. For example, there may not be in the area serviced by the health center, specialized facilities to provide treatment and training for blind and other handicapped persons. The medical social worker must know whether such facilities exist in other places, or should at least know how to find out whether such services exist.

Through the establishment and maintenance of social resources files the worker can develop needed information about the community. (See Inclosure 2) Over a period of time the medical social worker will become an authority concerning the areas of need of health and welfare services in the community. The medical social worker can be of assistance in recommending the development of additional health and welfare programs which are needed.

c. Interviewing.

The medical social worker will carry out many responsibilities through interviews with patients and members of his family. Such interviews are for the purpose of providing needed information to the patient and securing information from the patient. In a few cases it may be advisable for the medical social worker to visit the homes of patients but most home visits will be made by public health nurses or by a welfare agency.

6. Administrative Responsibility in Health Centers.

It is to be emphasized that the medical social service worker is a member of the staff of the health center, and as such, functions as a part of the medical team. The medical social worker does not operate independently of other units in the center but in cooperation with other members of the staff. It is the responsibility of the medical social worker to assist in carrying out the plan established by the administration and not to establish a separate or different plan. The proposed organization of the health center and the place of the Division of Medical Social Service in relation to other sections and divisions is set forth in the attached chart. "Organization of the Health Center." (Inclosure 3).

The medical social worker should be thoroughly qualified as a welfare worker. In addition to being qualified as a social worker, a broad and general knowledge of the medical field is necessary. Suggested minimum qualifications are set forth in the job description (Inclosure 1). The worker is not employed by a welfare agency to work in the health center but is employed by the center itself, as a member of the health center staff. The presence of medical social workers on the staff emphasizes the fact that cooperation between the medical and welfare agencies is needed if the basic purposes of the health program are to be achieved.

7. Public Health Nursing and Medical Social Work.

a. Relationship

When public health nurses and medical social workers are employed by the same agency, there is frequently a question as to the proper division of responsibilities. Both groups are working toward the same goal - individual health and community health - which may appear to cause an over-lapping of duties. It is necessary that both nurses and social workers understand the duties assigned to each so that there will be a minimum of duplication of effort. Public health nurses attain their goal primarily through health education and nursing care while medical social workers are most interested in social adjustment.

Public health nurses encounter various social, economic and emotional problems which are closely related to the medical problem but which are not primarily medical in nature. The medical social worker will be of assistance in solving such problems. This type of case in which the health problem is not predominant may be referred by the medical social worker to other social agencies which can provide the service or assistance required. In the absence of such agencies in the community, the medical social worker may be able to provide the service required.

A medical social worker attempts from the beginning to determine whether or not there are social, economic and emotional problems which may be related to sickness, treatment and recovery from sickness. The patient is helped to attain normal life through adjustment of those problems.

When a case needs more health guidance or nursing instructions and less social adjustment, the nurse has major responsibility for the case although a medical social worker cooperates. On the contrary, if a case presents more medical social problems than nursing or health problems, the medical social worker carries the chief responsibility and the public health nurse cooperates. To secure the best results of medical care, public health nurses and medical social workers must cooperate. When the former find emotional and social problems which need expert handling they call in medical social workers. A medical social worker may ask a public health nurse to look into the health situation or to give health and nursing instructions to a case known to social service. When a public health nurse is going to make a professional call on a family in which social service has been interested, a medical social worker may request that the social condition of the family be observed. Since they are working on the same team with the same goal, cooperation and not competition is required.

b. A Health Center without a Medical Social Service Department

Although it is not the primary responsibility of the public health nurses to investigate a patient's social and emotional factors, they are bound to meet these problems. When there is no social service department in a health center, public health nurses are the most logical persons to handle social problems because of their knowledge of the social aspect of nursing which most of them had gained in their training. Nurses must be aware of the influence of emotional and social factors on health and it is important to be able to recognize such factors.

(1) Use of community resources. In order to help patients with social problems, public health nurses need the cooperation of other agencies which will meet the patient's needs which cannot be met at the health center. Public health nurses therefore, must be well acquainted with the social resources within and without the community, particularly those with which they make contacts most frequently. About health agencies they must know the names of the agencies, addresses, telephone numbers, schedules (clinics, out-patient departments and other health centers), names of the persons to work with nature of programs, and application procedures. It is desirable for them to have the same knowledge of the social agencies that is required for medical social workers.

It is not necessary or advisable for either the nurse or the medical social worker to "take over" the patient's problems for the patient himself will have to accept much of the responsibility. In making referrals and giving advice to the patient consideration must be given to his physical and mental condition. For example, a patient may be referred to a particular agency and it is then necessary for the patient to go there himself or have a member of his family go for him. This may require absence from work by the patient or family member and may be too great a sacrifice for the family to accept. When the referral involves too much effort on the part of a patient and the family, they may not carry out the advice given. When the patient or a member of his family is not able to handle the referral, then it is necessary for it to be accomplished for the patient by the public health nurse.

(2) Welfare Laws. Public health nurses must have not only a knowledge of community resources but also of important welfare laws, such as the Daily Life Security Law and the Child Welfare Law so that they shall be able to use intelligent judgment in referring patients.

(3) Minsei-iin. Minsei-iin (welfare commissioners) are assigned to every part of the country, including the communities which have no organized social agencies. It is important for public health nurses to maintain close and harmonious working relationship with Minsei-iin, since they have an important role in the administration of the Daily Life Security Law and the Child Welfare Law. Undoubtedly many of the patients at the health center are known to Minsei-iin as their clients and many patients of the Health Center who have problems will be sent to Minsei-iin for assistance.

(4) Inadequacy of social resources. Although they are resourceful persons, public health nurses will have a difficulty in meeting patient's needs, or solving their problems, in communities which lack or have only a few social and health agencies. Their experiences in what cannot be done because of inadequacy of resources should not be wasted. Public health nurses will be able to interpret community needs concerning social agencies to the people because of their experiences.

8. Education, Training and Personnel.

A. Formal Education

One of the main reasons medical social service in hospitals and health centers in Japan has not been developed in the past is the lack of trained personnel to do such work. No formal educational programs have been in existence. The necessity of establishing such educational programs has been recognized, however, and considered by both the Tokyo and Kansai Social Work Education Committees. The need for more adequate academic preparation has been brought to the attention of educational institutions and some interest has been evidenced on the part of universities and colleges. The Japan Social Work Education Committee in Tokyo has established a sub-committee to consider this matter and to formulate definite recommendations. In general it is accepted that there is a danger in developing too rapidly, facilities for training specialized social workers. It is hoped that specialized training for medical social work can be developed but this should be based upon broader training and education in the general field of social work. Specilization at too low a leve of education is to be avoided.

b. Training Programs.

Until it is possible to develop formal educational programs for social work in general, as well as specialized education for medical social work, it will be necessary to rely upon in-service training to prepare persons to do this work. The Ministry of Welfare recognizes the need of social training programs and will attempt to develop such programs for persons assigned as medical social workers in health centers. Although this training

program will be designed primarily for health center personnel it is to be expected that material concerning the entire field of medical social service will be developed. In this way impetus will be given to the establishment of a broader field of medical social work.

c. Personnel

Although there are available in Japan only a few persons who have received formal training in medical social service, there are many persons who have had practical experience. In the development of any program such as medical social service it is important that the best possible personnel be obtained. Persons with employment experience in health agencies with some knowledge of and interest in welfare programs can be used. Further training on the job will be necessary in order to equip these persons for the work they are to do. It seems obvious that the establishment of services must necessarily precede the creation of formal education programs. Although the best qualified personnel available is needed, the establishment of the programs cannot wait for formal educational courses to be created. Training and education programs must be developed concurrently with the service programs.

9. Translation

Frequently confusion results from the translation of the terms, Medical Social Work and Medical Social Service into Japanese. The usual translation is: Iryo Shakai Jigyo. The confusion over the meaning of the Japanese is usually caused by the lack of understanding of the terms. "Iryo" literally translated means medical treatment and for Japanese not familiar with the term "Iryo-Shakai Jigyo", it is advisable to explain in some detail what is meant. Otherwise the term may be confused with medical facilities maintained by a social work agency which provide services for indigent persons.

SUGGESTED "JOB DESCRIPTION" OF THE MEDICAL
SOCIAL SERVICE WORKER IN THE HEALTH CENTER

Note: The following statement sets forth the desirable qualifications and responsibilities of the Medical Social Worker in the Health Center. Although duties assigned to a particular worker may vary in different centers because of local conditions, in general the following should be applicable. It is expected that additions and changes will be found necessary with further experience in medical social service work.

1. Supervision.

Medical Social Service should be established as a separate division of the public Health Services Section. The Chief of the Medical Social Service Division is therefore under the supervision of the Chief of the Public Health Services Section. Medical Social Service is a separate service and not a part of the business office of the center.

2. Duties and Responsibilities:

a. To maintain liaison with welfare agencies in the area served by the health center; to provide information to these agencies concerning the policies of the center concerning intake and services available by the center.

b. To provide information to members of the staff of the health center concerning the programs of the welfare agencies and explain how the welfare programs may be of assistance to the clients of the health center.

c. To maintain a social service resources file containing pertinent data concerning welfare agencies.

d. To interview patients and members of his family to aid them to understand medical and social difficulties and reasons for them.

e. To secure an understanding of the patient and his situation and to provide relevant information to the doctor and other members of the health center staff concerning the patient.

f. To determine whether the patient has problems related to his sickness which may interfere with the success of treatment recommended.

g. To refer patients directly or indirectly through Minsci-in (in case of welfare clients) to a proper agency in order to meet his social or medical needs which cannot be met within the health center itself. To

Inclosure #1.

provide information to the agency to which a referral is made concerning the patients medical situation and the plan of treatment recommended by the health center. To provide information to the patient concerning the program of the agency to which a referral is made.

h. To give service to the patient and his family in adjusting their problems which have no direct relation to sickness in absence of appropriate agencies in the community.

i. To supervise additional employees assigned to the Division of Medical Social Service.

. 3. Qualifications.

a. Education: Graduation from middle school plus three years of additional education. It is preferable that education include special training in social work, the social sciences and biological sciences.

b. Previous experience should include:

- (1) Employment in medical agency which has provided the individual with a knowledge of medical terminology and methods.
- (2) Employment in a welfare agency or closely related programs which provided a knowledge of welfare programs in the community.

RESOURCES FILE FOR MEDICAL SOCIAL WORKER
IN THE HEALTH CENTER

1. It is recommended that the medical social worker in the health center develop and maintain a social resources file which will index all welfare agencies in the community served by the center. The file is for the purpose of enabling the worker to know of the existence, location, purpose and resources of each agency which may be of assistance to clients of the health center and which may be referring persons to the center. The file should also include agencies, regardless of location, which are located outside the health center district but which provide special services. The file should be arranged in such a way that additional information may be added as it is secured. A card file is usually found most satisfactory. Spot maps may also be found useful to record information needed in daily work.

2. Information about each agency may include the following:

- a. Name of agency.
- b. Address-Directions as to how to get there - what is the nearest car stop, etc.
- c. Telephone number.
- d. Name of persons in case of making contact.
- e. Functions or programs of the agency.
- f. Schedules of clinic days and hours.
- g. Fees.
- h. Application procedure.
- i. Facilities, such as capacity of institution and eligibility requirements.

3. Information concerning the following types of agencies will also be found useful:

- a. Family social work agencies.
 - (1) Minsei-iin Offices
 - (2) Minsei Kan
 - (3) Minsei-iin
 - (4) Other agencies who give assistance to needy families
 - (5) Homes for the aged.

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b. Agencies for Mothers and Children.

- (1) Orphanages
- (2) Day Nurseries
- (3) Homes for mothers and children
- (4) Child Welfare Centers
- (5) Homes for Handicapped children: Feeble minded; crippled; deaf and mute.
- (6) Homes for delinquent children.

c. Medical Agencies: Health Centers; clinics including VD clinics; Sanatoria; Preventoria; General hospitals; Maternity hospitals; Mental hygiene clinics and mental hospitals; Leprosaria.

d. National agencies which provide information service:

Japan Social Work Association
All Japan Minsei-iin Federation
Boshi Aiiku Kai

e. Agencies for economic protection

- (1) Agencies which provide housing and lodging
- (2) Employment agencies, vocational guidance, rehabilitation work shops
- (3) Agencies which provide scholarships
- (4) Agencies which provide loans.
- (5) Agencies which aid special groups such as repatriates

f. Settlements

g. Public Welfare Agencies

The file should contain data concerning prefectural, city and ward departments of welfare.

h. Related Agencies.

The worker will find it useful if the file also contains information concerning police stations, schools and similar establishments in the community which refer persons to the health center and with which the medical social worker may have a working relationship.

ORGANIZATION OF THE HEALTH CENTER



